

		FOR OHF USE					

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**2004**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC AID**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2004)**

IMPORTANT NOTICE  
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<b>I. IDPH Facility ID Number:</b> <u>0037366</u>		<b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>	
<b>Facility Name:</b> <u>Meadowbrook Manor</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/04</u> to <u>12/31/04</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.	
<b>Address:</b> <u>431 W. Remington Blvd.</u> <u>Bolingbrook</u> <u>60440</u> Number City Zip Code		Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.	
<b>County:</b> <u>Will</u>		<b>Officer or Administrator of Provider</b> (Signed) _____ (Date) _____	
<b>Telephone Number:</b> <u>(630) 759-1112</u> <b>Fax #</b> <u>(630) 759-4406</u>		(Type or Print Name) <u>Nicholas Vangel</u>	
<b>IDPA ID Number:</b> <u>363596557001</u>		(Title) <u>Executive Director</u>	
<b>Date of Initial License for Current Owners:</b> <u>11/05/91</u>		(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____	
<b>Type of Ownership:</b>		<b>Paid Preparer</b> (Print Name and Title) _____	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____		(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>	
<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____		(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>	
<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____		MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	
<b>In the event there are further questions about this report, please contact:</b> Name: <u>Larry Templin</u> Telephone Number: <u>(630) 759-1112</u> Please send copies of desk review and audit adjustments to address on this page		<b>SEE ACCOUNTANTS' COMPILATION REPORT</b>	

Facility Name & ID Number Meadowbrook Manor# 0037366 Report Period Beginning: 01/01/04 Ending: 12/31/04

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>298</u>	Skilled (SNF)	<u>298</u>	<u>109,068</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>298</u>	TOTALS	<u>298</u>	<u>109,068</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>73,022</u>	<u>7,252</u>	<u>10,259</u>	<u>90,533</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>73,022</u>	<u>7,252</u>	<u>10,259</u>	<u>90,533</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 83.01%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)Day Care

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been  
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 11/05/91

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 11/05/91NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 280 and days of care provided 9,656Medicare Intermediary Adminastar Federal, Inc.

## IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH\* ☐CASH\* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/04 Fiscal Year: 12/31/04

\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 3

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/04

Ending:

12/31/04

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	363,795	61,745	14,220	439,760		439,760		439,760		1
2	Food Purchase		404,831		404,831		404,831	(3,160)	401,671		2
3	Housekeeping	252,131	59,009		311,140		311,140		311,140		3
4	Laundry	68,620	48,492		117,112		117,112	(6,025)	111,087		4
5	Heat and Other Utilities			330,493	330,493		330,493	(2,256)	328,237		5
6	Maintenance	65,807	8,149	183,160	257,116		257,116	46,228	303,344		6
7	Other (specify):*Emp. Ben.-Mgmt Co.							5,684	5,684		7
8	<b>TOTAL General Services</b>	750,353	582,226	527,873	1,860,452		1,860,452	40,471	1,900,923		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			25,000	25,000		25,000		25,000		9
10	Nursing and Medical Records	4,226,794	573,087	77,531	4,877,412		4,877,412	19,111	4,896,523		10
10a	Therapy		2,380	379,202	381,582		381,582	(55,261)	326,321		10a
11	Activities	109,548	14,727	3,834	128,109		128,109		128,109		11
12	Social Services	127,095		2,292	129,387		129,387	7,756	137,143		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*Emp. Ben.-Mgmt Co.							43,063	43,063		15
16	<b>TOTAL Health Care and Programs</b>	4,463,437	590,194	487,859	5,541,490		5,541,490	14,669	5,556,159		16
	<b>C. General Administration</b>										
17	Administrative	67,607		540,000	607,607		607,607	(437,256)	170,351		17
18	Directors Fees										18
19	Professional Services			169,478	169,478		169,478	16,846	186,324		19
20	Dues, Fees, Subscriptions & Promotions			104,315	104,315		104,315	(33,632)	70,683		20
21	Clerical & General Office Expenses	127,421	63,853	63,112	254,386		254,386	299,123	553,509		21
22	Employee Benefits & Payroll Taxes			856,116	856,116		856,116	(1,111)	855,005		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,899	1,899		1,899	1,751	3,650		24
25	Other Admin. Staff Transportation			1,804	1,804		1,804	2,562	4,366		25
26	Insurance-Prop.Liab.Malpractice			253,926	253,926		253,926	43,806	297,732		26
27	Other (specify):*Emp. Ben.-Mgmt Co.							58,514	58,514		27
28	<b>TOTAL General Administration</b>	195,028	63,853	1,990,650	2,249,531		2,249,531	(49,397)	2,200,134		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,408,818	1,236,273	3,006,382	9,651,473		9,651,473	5,743	9,657,216		29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			114,424	114,424		114,424	320,715	435,139			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			75,421	75,421		75,421	1,015,953	1,091,374			32
33	Real Estate Taxes							285,259	285,259			33
34	Rent-Facility & Grounds			3,263,100	3,263,100		3,263,100	(3,263,100)				34
35	Rent-Equipment & Vehicles			5,770	5,770		5,770		5,770			35
36	Other (specify):*Mortgage Insurance							155,782	155,782			36
37	<b>TOTAL Ownership</b>			3,458,715	3,458,715		3,458,715	(1,485,391)	1,973,324			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			632	632		632		632			38
39	Ancillary Service Centers		357,588		357,588		357,588		357,588			39
40	Barber and Beauty Shops			27,695	27,695		27,695		27,695			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			163,602	163,602		163,602		163,602			42
43	Other (specify):* <b>Nonallowable Costs</b>	7,610		570,470	578,080		578,080	(578,080)				43
44	<b>TOTAL Special Cost Centers</b>	7,610	357,588	762,399	1,127,597		1,127,597	(578,080)	549,517			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,416,428	1,593,861	7,227,496	14,237,785		14,237,785	(2,057,728)	12,180,057			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

\*\*See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/04

Ending: 12/31/04

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-	OHF USE	
			ence	ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,404)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,159)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(20,635)	30		9
10	Interest and Other Investment Income	(8,427)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(649)	43		13
14	Non-Care Related Interest	(63,141)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5,858)	20		17
18	Fines and Penalties				18
19	Entertainment	(983)	43		19
20	Contributions	(2,965)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,423)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(508,390)	43		24
25	Fund Raising, Advertising and Promotional	(79,658)	43		25
26	Income Taxes and Illinois Personal				26
27	Property Replacement Tax	404	43		27
28	Nurse Aide Training for Non-Employees				28
29	Yellow Page Advertising	(28,808)	20		29
30	Other-Attach Schedule See Schedule 5a	(37,946)			30
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (767,042)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,290,686)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,290,686)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B) )	\$ (2,057,728)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

**Butterfield Health Care, Inc.**  
**D/B/A Meadowbrook Manor**  
**Provider #00037366**  
**12/31/2004**

**Schedule 5A**

**VI. Adjustment Detail**  
**Non-Allowable Expenses**  
**Line 29 - Other**

Description	Amount	Schedule V Reference
Physician Fees	(3,456)	43
Painting and Decorating	7,375	6
Lawsuit Settlement	(4,500)	43
Laundry Income Offset	(6,025)	4
Miscellaneous Income Offset	(221)	21
Radiology	(12,715)	43
Laboratory	(6,671)	43
Disallow Non-allowable Day Care Salaries	(7,610)	43
Disallow Non-allowable Day Care Employee Benefits and Payroll Taxes	(1,111)	22
Disallow Non-allowable Day Care Food	(756)	2
Disallow Non-allowable Day Care Utilities	(2,256)	5
	<u>(37,946)</u>	

**See Accountants' Compilation Report**

Meadowbrook ManorID# 0037366Report Period Beginning: 01/01/04Ending: 12/31/04

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/04

Ending:

12/31/04

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,404)	0	0	0	0	0	0	0	0	0	0	(2,404)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	38,853	0	0	0	0	0	0	0	38,853	6
7	Other (specify):*	0	0	0	5,684	0	0	0	0	0	0	0	5,684	7
8	<b>TOTAL General Services</b>	<b>(2,404)</b>	<b>0</b>	<b>0</b>	<b>44,537</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42,133</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	19,111	0	0	0	0	0	0	0	19,111	10
10a	Therapy	0	0	0	(55,261)	0	0	0	0	0	0	0	(55,261)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	7,756	0	0	0	0	0	0	0	7,756	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	43,063	0	0	0	0	0	0	0	43,063	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,669</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,669</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	(437,256)	0	0	0	0	0	0	0	(437,256)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,423)	0	15,031	5,238	0	0	0	0	0	0	0	16,846	19
20	Fees, Subscriptions & Promotions	(34,666)	0	250	784	0	0	0	0	0	0	0	(33,632)	20
21	Clerical & General Office Expenses	0	0	0	299,344	0	0	0	0	0	0	0	299,344	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	1,751	0	0	0	0	0	0	0	1,751	24
25	Other Admin. Staff Transportation	0	0	0	2,562	0	0	0	0	0	0	0	2,562	25
26	Insurance-Prop.Liab.Malpractice	0	0	43,806	0	0	0	0	0	0	0	0	43,806	26
27	Other (specify):*	0	0	0	58,514	0	0	0	0	0	0	0	58,514	27
28	<b>TOTAL General Administration</b>	<b>(38,089)</b>	<b>0</b>	<b>59,087</b>	<b>(69,063)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(48,065)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(40,493)</b>	<b>0</b>	<b>59,087</b>	<b>(9,857)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,737</b>	<b>29</b>



## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/04

Ending:

12/31/04

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(20,635)	0	339,453	1,897	0	0	0	0	0	0	0	320,715	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(71,568)	0	1,087,521	0	0	0	0	0	0	0	0	1,015,953	32
33	Real Estate Taxes	0	0	285,259	0	0	0	0	0	0	0	0	285,259	33
34	Rent-Facility & Grounds	0	0	(3,263,100)	0	0	0	0	0	0	0	0	(3,263,100)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	155,782	0	0	0	0	0	0	0	0	155,782	36
37	<b>TOTAL Ownership</b>	<b>(92,203)</b>	<b>0</b>	<b>(1,395,085)</b>	<b>1,897</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,485,391)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(596,400)	0	(404)	53,676	0	0	0	0	0	0	0	(543,128)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(596,400)</b>	<b>0</b>	<b>(404)</b>	<b>53,676</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(543,128)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(729,096)</b>	<b>0</b>	<b>(1,336,402)</b>	<b>45,716</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,019,782)</b>	<b>45</b>

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/04 Ending: 12/31/04

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		Butterfield Health Care II, Inc. d/b/a	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
		Meadowbrook Manor -Naperville		MMN Partners, L.P.	Naperville	Lessor
				Butterfield Health		
See Schedule 6C	See Schedule 6C	Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Care Group, Inc.	Bolingbrook	Management Co.
				Seneca Building		
				Limited Ptsp.	Des Plaines	Lessor

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V		3,264,732	J&D Partners, L.P. (Page 6A)	100.00%	1,928,330	(1,336,402)	5
6	V							6
7	V		862,729	Butterfield Health Care Group, Inc. (Page 6B)	100.00%	908,445	45,716	7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 4,127,461			\$ 2,836,775	\$ * (1,290,686)	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/04

Ending: 12/31/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Services	\$	J&D Partners, L.P.	100.00%	\$ 15,031	\$ 15,031
16	V	20 Fees & Subscriptions		J&D Partners, L.P.	100.00%	250	250
17	V	26 Insurance-Prop, Liab, Malpractice		J&D Partners, L.P.	100.00%	43,806	43,806
18	V	30 Depreciation		J&D Partners, L.P.	100.00%	339,453	339,453
19	V	32 Interest Expense	1,632	J&D Partners, L.P.	100.00%	1,089,153	1,087,521
20	V	33 Real Estate Taxes		J&D Partners, L.P.	100.00%	285,259	285,259
21	V	34 Rent	3,263,100	J&D Partners, L.P.	100.00%		(3,263,100)
22	V	36 Mortgage Insurance		J&D Partners, L.P.	100.00%	155,782	155,782
23	V	43 State Repl. Taxes		J&D Partners, L.P.	100.00%	(404)	(404)
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 3,264,732			\$ 1,928,330	\$ * (1,336,402)

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/04

Ending: 12/31/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Maintenance Salaries	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 38,853	\$ 38,853
16	V	7 Employee Benefits-Gen. Svc		Butterfield Health Care Group, Inc.	100.00%	5,684	5,684
17	V	10 Central Supply Salaries		Butterfield Health Care Group, Inc.	100.00%	19,111	19,111
18	V	10a Therapy Salaries	322,729	Butterfield Health Care Group, Inc.	100.00%	267,468	(55,261)
19	V	12 Social Service Salaries		Butterfield Health Care Group, Inc.	100.00%	7,756	7,756
20	V	15 Employee Benefits-Nursing		Butterfield Health Care Group, Inc.	100.00%	43,063	43,063
21	V	17 Administrative Salaries	540,000	Butterfield Health Care Group, Inc.	100.00%	102,744	(437,256)
22	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	5,238	5,238
23	V	20 Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	784	784
24	V	21 Clerical & General Office Exp.		Butterfield Health Care Group, Inc.	100.00%	299,344	299,344
25	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	1,751	1,751
26	V	25 Other Admin. Staff Trans.		Butterfield Health Care Group, Inc.	100.00%	2,562	2,562
27	V	27 Employee Benefits-Gen Adm		Butterfield Health Care Group, Inc.	100.00%	58,514	58,514
28	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	1,897	1,897
29	V	43 Other (Non-Allowable Expenses)		Butterfield Health Care Group, Inc.	100.00%	53,676	53,676
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 862,729			\$ 908,445	\$ * 45,716

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

**Butterfield Health Care, Inc.**  
**D/B/A Meadowbrook Manor**  
**Provider #00037366**  
**12/31/2004**

**Schedule 6C**

**VII. Section A. - Related Parties - Column 1 (Owners)**

<u>Name</u>	<u>Ownership %</u>
Robert Jafari	25.00%
Kianoosh Jafari	25.00%
Decendants S Corp Trust F/B/O Sean William Dimas	6.67%
Decendants S Corp Trust F/B/O Sasha Eva Dimas	6.67%
Decendants S Corp Trust F/B/O Ashley Maria Dimas	6.66%
Nicholas Vangel	20.00%
Dorothy Vangel QSS Trust	7.50%
Decendant's Non GST Exempt S-Corp Trust F/B/O Ashley Maria Dimas	0.50%
Decendant's Non GST Exempt S-Corp Trust F/B/O Sasha Eva Dimas	0.50%
Decendant's Non GST Exempt S-Corp Trust F/B/O Sean William Dimas	0.50%
Decendant's GST Exempt S-Corp Trust F/B/O Katherine Hocuk	0.50%
Decendant's GST Exempt S-Corp Trust F/B/O Christopher Vangel	0.50%
	<u>100.00%</u>

**See Accountants' Compilation Report**

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/04 Ending: 12/31/04

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Jafari	Stockholder	Executive Director	25.00	63,169	22	55.00	Salary	\$ 71,426	L.17, C.1	1
2	Nicholas Vangel	Stockholder	Executive Director	20.00	42,000	22	55.00	N/A		N/A	2
3	Christopher Vangel	Operating Spvr	Administrative	0.05	27,700	22	55.00	Salary	31,319	L.17, C.1	3
4	Kianoosh Jafari	Stockholder	Medical Director	25.00	12,000	22	55.00	Med. Dir. Fee	12,000	L.9, C.3	4
5	Sean Dimas	Stockholder	Administrative	6.67	22,088	0	0.00	N/A		N/A	5
6											6
7	Note 1- Robert Jafari and Christopher Vangel received compensation from only one other nursing home which was										7
8	Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor-Naperville										8
9	Note 2- Nicholas Vangel received \$42,000 of Directors Fees from Seneca Nursing Home, Inc. d/b/a Lee Manor										9
10											10
11	Note 3- Kianoosh Jafari received \$12,000 of Medical Director Fees from Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor-Naperville										11
12	Note 4- Sean Dimas received \$22,088 of salaries from Seneca Nursing Home, Inc. d/b/a Lee Manor										12
13								TOTAL	\$ 114,745		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366 Report Period Beginning: 01/01/04 Ending: 12/31/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Butterfield Health Care Group, Inc.  
 Street Address 18 W 140 Butterfield Road, Suite 1670  
 City / State / Zip Code Oak Brook Terrace, IL 60181  
 Phone Number ( 630) 932-3220  
 Fax Number ( 630) 759-4406

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	6	Maintenance Salaries	Resident Days	170,602	2	\$ 73,215	\$ 73,215	90,533	\$ 38,853	1
2	7	Employee Benefits-Gen. Svc	Resident Days	170,602	2	10,711	0	90,533	5,684	2
3	10	Central Supply Salaries	Resident Days	170,602	2	36,013	36,013	90,533	19,111	3
4	10a	Therapy Salaries	Gross Charges	3,395,446	2	620,734	620,734	1,463,091	267,468	4
5	12	Social Service Salaries	Resident Days	170,602	2	14,615	14,615	90,533	7,756	5
6	15	Employee Benefits-Nursing	Resident Days	170,602	2	81,149	0	90,533	43,063	6
7	17	Administrative Salaries	Resident Days	170,602	2	193,612	193,612	90,533	102,744	7
8	19	Professional Services	Resident Days	170,602	2	9,871	0	90,533	5,238	8
9	20	Fees & Subscriptions	Resident Days	170,602	2	1,477	0	90,533	784	9
10	21	Clerical & General Office Exp.	Resident Days	170,602	2	564,088	560,048	90,533	299,344	10
11	24	Travel & Seminar	Resident Days	170,602	2	3,300	0	90,533	1,751	11
12	25	Other Admin. Staff Trans.	Resident Days	170,602	2	4,828	0	90,533	2,562	12
13	27	Employee Benefits-Gen Adm	Resident Days	170,602	2	110,266	0	90,533	58,514	13
14	30	Depreciation	Resident Days	170,602	2	3,574	0	90,533	1,897	14
15	43	Other (Non-Allowable Expenses)	Resident Days	170,602	2	101,150	87,476	90,533	53,676	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS				\$ 1,828,603	\$ 1,585,713		\$ 908,445		25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor# 0037366

Report Period Beginning:

01/01/04

Ending:

12/31/04

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	GMAC		X	Mortgage		5/22/03	\$ 20,876,000	\$ 20,551,291	06/01/38	0.0525	\$ 1,084,269	1	
2	GMAC		X	Amortization of Loan Costs							4,884	2	
3												3	
4												4	
5												5	
	Working Capital												
6	Shareholder Loans	X		Working Capital	N/A	5/31/04	3,000,000	1,905,000	5/31/05	Prime -.5%	73,200	6	
7	Shareholder Loans	X		Working Capital	\$283,333.33	12/31/04	850,000	850,000	3/31/05	LIBOR+1.75%		7	
8	Bank One		X	Working Capital	N/A	12/31/03	2,500,000		01/15/04	LIBOR+1.75%	2,221	8	
9	TOTAL Facility Related				\$283,333.33		\$ 27,226,000	\$ 23,306,291			\$ 1,164,574	9	
	B. Non-Facility Related*												
10												10	
11							Offset Interest Income				(10,059)	11	
12							Offset Related Party Interest Expense				(63,141)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (73,200)	14	
15	TOTALS (line 9+line14)						\$ 27,226,000	\$ 23,306,291			\$ 1,091,374	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 155,782 Line # 36

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)



Facility Name & ID Number **Meadowbrook Manor**# **0037366** Report Period Beginning: **01/01/04** Ending: **12/31/04****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2003 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	<b>273,000</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2003	\$	<b>273,529</b>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<b>529</b>	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<b>287,000</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.					
<b>TOTAL REFUND</b> \$ <b>2,270</b> For <b>2003</b> Tax Year. <b>(Attach a copy of the real estate tax appeal board's decision.)</b>			\$	<b>(2,270)</b>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<b>285,259</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	1999	<b>241,423</b>	8		<b>FOR OHF USE ONLY</b>	
	2000	<b>242,819</b>	9			
	2001	<b>255,167</b>	10	13	FROM R. E. TAX STATEMENT FOR 2003	13
	2002	<b>243,276</b>	11			
	2003	<b>273,529</b>	12	14	PLUS APPEAL COST FROM LINE 5	14
<b>2003 Tax Bill</b>	<b>273,529</b>			15	LESS REFUND FROM LINE 6	15
<b>Estimated Increase</b>	<b>1.05</b>					
<b>Total</b>	<b>287,205</b>			16	AMOUNT TO USE FOR RATE CALCULATION	16
<b>Use</b>	<b>287,000</b>					

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT

**IMPORTANT NOTICE**

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

**2003 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Meadowbrook Manor COUNTY Will

FACILITY IDPH LICENSE NUMBER 0037366

CONTACT PERSON REGARDING THIS REPORT Larry Templin

TELEPHONE (630) 759-1112 FAX #: (630) 759-4406

**A. Summary of Real Estate Tax Costs**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>12-02-22-102-031-0000</u>	<u>Nursing Home</u>	<u>\$ 273,529.00</u>	<u>\$ 273,529.00</u>
2.	<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
3.	<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
4.	<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
5.	<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
6.	<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
7.	<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
8.	<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
9.	<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
10.	<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
		<b>TOTALS</b>	<b>\$ <u>273,529.00</u></b>	<b>\$ <u>273,529.00</u></b>

**B. Real Estate Tax Cost Allocation:**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services?            YES   X   NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

**C. Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004

SEE ACCOUNTANTS' COMPILATION REPORT

A.

Square Feet:

109,175

B.

General Construction Type:

Exterior

Brick

Frame

Steel

Number of Stories

3

C.

Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D.

Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E.

List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F.

Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

N/A

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

N/A

4. Dates Incurred:

N/A

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Resident Care	270,508	1991	\$ 404,280	1
2	Resident Care	21,286	1996	287,781	2
3	TOTALS	291,794		\$ 692,061	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/04

Ending:

12/31/04

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	235	1991	1991	\$ 8,276,993	\$	40	\$ 206,925	\$ 206,925	\$ 2,724,513
5	10	1994	1994	31,090	987	40	777	(210)	8,547
6	53	1996	1996	2,505,079		40	62,627	62,627	532,330
7									
8									
<b>Improvement Type**</b>									
9	1992 Improvements	1992		32,614	1,035	20	1,631	596	20,261
10	1993 Improvements	1993		2,750	88	20	138	50	1,587
11	1993 Improvements	1993		4,822	156	40	121	(35)	1,391
12	1994 Improvements	1994		6,432		10	323	323	6,432
13	1994 Improvements	1995		18,192		20	910	910	8,645
14	1995 Improvements	1995		12,681	403	10	1,268	865	12,046
15	Electric Exterior Sign	1996		7,820	200	10	782	582	6,647
16	New Doors	1996		1,475	38	10	147	109	1,249
17	Hot Water Tank	1996		3,847	99	10	385	286	3,272
18	Landscaping	1996		13,490	346	10	1,349	1,003	11,467
19	Repaving Parking Lot	1996		7,412	190	10	741	551	6,299
20	Replace Irrigation System	1996		27,077	694	10	2,708	2,014	23,018
21	Walk in Freezer	1996		29,923		10	2,992	2,992	25,432
22	Landscaping	1997		17,283	864	10	1,728	864	12,960
23	Outside Parking Lot Lighting	1997		2,102	54	10	210	156	1,575
24	Nurse Call Station Extension Work	1997		3,310	85	10	331	246	2,483
25	Remodeling Work-Windsor Hall	1997		3,500	89	40	350	261	2,625
26	Basement Remodeling-Street Village Décor	1998		31,614	1,622	39	790	(832)	5,135
27	Remodeling Work-Day Care Area	1999		16,638	426	39		(426)	
28	Remodeling-Ice Cream Parlor	2000		3,624	93	39	93		418
29	Remodeling Work-3rd Floor Hamilton Unit	2000		16,421	421	39	421		1,895
30	Remodeling Work-Nurse Station (All Floors)	2000		20,103	515	39	515		2,318
31	Plumbing Electrical Work-Boiler Room (Basement)	2000		4,587	118	39	118		531
32	Remodeling Work-Dialysis Room	2000		7,253	186	39	186		837
33									
34									
35									
36									

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 12A

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/04

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## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Parking Lot Paving	2001	\$ 48,629	\$ 2,431	20	\$ 2,431	\$	\$ 8,509		37
38	Remodeling Work	2001	13,319	342	39	342		1,196		38
39	Window Treatments	2001	45,531	1,166	39	1,166		4,082		39
40	Double Door Insulation	2001	6,860	176	39	176		616		40
41	Carpeting-1st Floor	2002	33,778	1,688	20	1,688		4,221		41
42	Reconstruct Front Entrance Awning	2002	11,915	596	20	596		1,490		42
43	Window Treatments	2002	4,672	234	20	234		585		43
44	Ceiling Tiles	2002	2,306	115	20	115		288		44
45	Exterior Signs	2002	18,832	942	20	942		2,355		45
46	Ceiling Tiles	2003	2,029		10	101	101	101		46
47	Ceiling Tiles	2003	916	46	20	46		120		47
48	Exterior Signs	2003	12,600	630	20	630		945		48
49	Install 16 Horizontal Tubes in Stairwell	2003	1,600	80	20	80		120		49
50	Electric Work for Dialysis Room	2003	6,736	337	20	337		505		50
51	Install 9 Motors on Fire Dampers	2003	3,651	182	20	182		273		51
52	Plumbing for Dialysis Room	2003	10,989		10	549	549	549		52
53	Exterior Concrete Patchwork	2003	3,200	160	20	160		192		53
54	Ductwork for New Oxygen Room	2003	4,490		10	225	225	225		54
55	New Hot Water Storage Tank	2003	8,290		10	414	414	414		55
56	Installed 5 Fire Dampers	2003	7,091		10	355	355	355		56
57	Installed 5 Smoke Detectors	2003	2,581	2	10	129	127	129		57
58	Installation of Sprinklers in Awning	2003	9,624		10	481	481	481		58
59	Installed 4 Fire Dampers	2003	3,467		10	173	173	173		59
60	Installation of Fence around Dumpster	2003	1,658		10	83	83	83		60
61	Sealcoat Parking Lot	2003	5,500		10	275	275	275		61
62	Air Conditioner Overhaul	2004	3,769		10	188	188	188		62
63	Replace Water Pump	2004	1,473		10	74	74	74		63
64	Install 4 Doors	2004	1,348		10	67	67	67		64
65	Electrical Wiring to Garbage Compactor	2004	2,070		10	104	104	104		65
66	Install Sprinkler System -Front Canopy	2004	10,375		10	519	519	519		66
67	Install New Seal on Water Pump	2004	1,793		10	90	90	90		67
68	Install Motor on Boiler	2004	1,053		10	53	53	53		68
69	Ceiling Tiles	2004	5,620	527	10	139	(388)	139		69
70	TOTAL (lines 4 thru 69)		\$ 11,405,897	\$ 18,363		\$ 301,710	\$ 283,347	\$ 3,453,429		70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)								
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar								
1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward	\$ 11,405,897	\$ 18,363		\$ 301,710	\$ 283,347	\$ 3,453,429	1
2	Install Blinds	2004 5,002	125	20	125		125	2
3	Exterior Lighting	2004 3,808	95	20	95		95	3
4	Sealing of Roof	2004 2,300	58	20	58		58	4
5	Install Drainage for Roof	2004 5,000	125	20	125		125	5
6	Ceramic Tile for Kitchen	2004 6,221	156	20	156		156	6
7	Plant 3 Trees	2004 1,125	28	20	28		28	7
8	Butterfly Garden	2004 3,423	86	20	86		86	8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 11,432,776	\$ 19,036		\$ 302,383	\$ 283,347	\$ 3,454,102	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

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## XI. OWNERSHIP COSTS (continued)

## C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 756,759	\$ 88,794	\$ 123,435	\$ 34,641	5-10Yrs	\$ 442,074	71
72	Current Year Purchases	67,249	3,785	4,615	830	10 Yrs	4,615	72
73	Fully Depreciated Assets	1,552,643				5-10 Yrs	1,552,643	73
74	Allocated from Management Co.			1,897	1,897	5-10 Yrs		74
75	TOTALS	\$ 2,376,651	\$ 92,579	\$ 129,947	\$ 37,368		\$ 1,999,332	75

## D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Van	1998 Ford E350 Van	1998	\$ 40,790	\$	\$		5	\$ 40,790	76
77	Resident Passenger Van	2000 Chevrolet Express	2000	29,261	2,809	2,809		5	29,261	77
78		Van								78
79										79
80	TOTALS			\$ 70,051	\$ 2,809	\$ 2,809			\$ 70,051	80

## E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 14,571,539	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 114,424	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 435,139	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 320,715	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,523,485	85

## F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88	N/A				88
89					89
90					90
91	TOTALS	\$	\$	\$	91

## G. Construction-in-Progress

	Description	Cost	
92		\$	92
93		N/A	93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

**PLEASE ENTER ONLY DATES IN CELLS W16 AND W17**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease                     .

N/A  
N/A

9. Option to Buy: ☐ YES ☒ NO Terms:                                     \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 5,770

Description: Offsite Storage \$5,770

(Attach a schedule detailing the breakdown of movable equipment)

10. Effective dates of current rental agreement:

Beginning N/A

Ending N/A

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12.                      /2005 \$                     

13.                      /2006 \$                     

14.                      /2007 \$                     

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19			<u>N/A</u>		19
20					20
21	TOTAL		\$	\$	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT



A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER AIDE _____	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER AIDE _____
--	--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
(c) For in-house training programs only. Do not include fringe benefits.  
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ \_\_\_\_\_

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.  
SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

1		2		3		4		5		6		7		8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service	Cost	Units	Cost									
1	Licensed Occupational Therapist	L. 10A, C. 1,3	4102	hrs	\$ 116,617	360	\$ 23,388		4,462	\$ 140,005	1				
2	Licensed Speech and Language Development Therapist	L. 10A, C. 1,3	787	hrs	22,365	55	4,423		842	26,788	2				
3	Licensed Recreational Therapist			hrs							3				
4	Licensed Physical Therapist	L. 10A, C. 1,2,3	4520	hrs	128,486	387	23,228	2,380	4,907	154,094	4				
5	Physician Care			visits							5				
6	Dental Care			visits							6				
7	Work Related Program			hrs							7				
8	Habilitation			hrs							8				
9	Pharmacy	L. 39, C. 2		# of prescripts				357,588		357,588	9				
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10				
11	Academic Education			hrs							11				
12	Exceptional Care Program										12				
13	Other (specify): Respiratory Therapy	L. 10A, C. 3				118	4,737		118	4,737	13				
14	TOTAL				\$ 267,468	920	\$ 55,776	\$ 359,968	10,329	\$ 683,212	14				

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 17

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/04

Ending:

12/31/04

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/04

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 544,137	\$ 1,136,935	1
2	Cash-Patient Deposits	56,756	56,756	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 100,000 )	3,418,933	3,418,933	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	257,923	346,880	6
7	Other Prepaid Expenses	27,000	27,000	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Employee Advances</u>	5,092	5,092	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 4,309,841	\$ 4,991,596	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		692,061	13
14	Buildings, at Historical Cost		10,907,749	14
15	Leasehold Improvements, at Historical Cost	518,593	525,027	15
16	Equipment, at Historical Cost	1,330,377	2,446,702	16
17	Accumulated Depreciation (book methods)	(1,272,009)	(5,523,485)	17
18	Deferred Charges		2,708	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify) <u>Loan Costs</u>		162,617	22
23	Other(specify): <u>Mortgage Escrows</u>		689,853	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 576,961	\$ 9,903,232	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 4,886,802	\$ 14,894,828	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 589,292	\$ 589,292	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	61,061	61,061	28
29	Short-Term Notes Payable	2,755,000	2,755,000	29
30	Accrued Salaries Payable	377,707	377,707	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,600	21,600	31
32	Accrued Real Estate Taxes(Sch.IX-B)		287,000	32
33	Accrued Interest Payable		89,912	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule 17A</u>	754,065	212,504	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 4,558,725	\$ 4,394,076	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		20,551,291	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$ 20,551,291	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 4,558,725	\$ 24,945,367	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 328,077	\$ (10,050,539)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 4,886,802	\$ 14,894,828	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

Butterfield Health Care, Inc.  
d/b/a Meadowbrook Manor  
Provider #00037366  
12/31/2004

Schedule 17A

**XV. Balance Sheet**

**Current Liabilities**

**Line 36 - Other Current Liabilities**

	Operating	After Consolidation
Resident Credit Balances	70,285	70,285
Due to Related Party	6,217	6,217
Accrued Rent	541,561	
Due to State of Illinois	135,807	135,807
Other Deposits	195	195
<b>Total Line 36 Other Current Liabilities</b>	<b>754,065</b>	<b>212,504</b>

**See Accountants' Compilation Report**

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,435,202)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,435,202)	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	(447,086)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	2,210,365	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 1,763,279	17
	<b>B. Transfers (Itemize):</b>		
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 328,077	24 *

Operating Entity Only

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

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Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/04

Ending:

12/31/04

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note:** This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 13,030,228	1
2	Discounts and Allowances for all Levels	(1,585,237)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,444,991	3
<b>B. Ancillary Revenue</b>			
4	Day Care	25,255	4
5	Other Care for Outpatients		5
6	Therapy	1,463,090	6
7	Oxygen	89,829	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,578,174	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	34,604	13
14	Non-Patient Meals	2,404	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	357,588	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	6,672	19
20	Radiology and X-Ray	12,715	20
21	Other Medical Services	337,760	21
22	Laundry	6,025	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 757,768	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	8,427	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 8,427	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Wheelchair Rental Revenue</b>	1,118	28
28a	<b>Miscellaneous Income</b>	221	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,339	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,790,699	30

2			
	Expenses	Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,860,452	31
32	Health Care	5,541,490	32
33	General Administration	2,249,531	33
<b>B. Capital Expense</b>			
34	Ownership	3,458,715	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	963,995	35
36	Provider Participation Fee	163,602	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,237,785	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(447,086)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (447,086)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation. See Attached Schedule 19A

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

**Butterfield Health Care, Inc.**  
**D/B/A Meadowbrook Manor**  
**Provider #00037366**  
**12/31/2004**

**Schedule 19A**

**Reconciliation of taxable income(loss) per Federal Tax Return to Page 19, Line 43**

<b>Description</b>	<b><u>Amount</u></b>
Net Income (Loss) per P 19, Line 43	(447,086)
Political Contributions	1,850
Rent to Related Cash Basis Taxpayer	541,561
Travel and Entertainment	2,363
Depreciation	(40,007)
Bad Debts	133,723
Rounding	<u>1</u>
Taxable Income (Loss) per Federal Tax Return	<u><u>192,405</u></u>

**See Accountants' Compilation Report**

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/04

Ending:

12/31/04

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,972	2,112	\$ 89,107	\$ 42.19	1
2	Assistant Director of Nursing	1,778	1,856	78,062	42.06	2
3	Registered Nurses	22,818	32,573	842,713	25.87	3
4	Licensed Practical Nurses	24,686	36,809	833,320	22.64	4
5	Nurse Aides & Orderlies	90,877	148,377	1,774,199	11.96	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	11,690	14,009	175,836	12.55	8
9	Activity Director					9
10	Activity Assistants	13,213	14,242	109,548	7.69	10
11	Social Service Workers	8,641	9,206	127,095	13.81	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	39,946	42,378	363,795	8.58	15
16	Dishwashers					16
17	Maintenance Workers	5,024	5,618	65,807	11.71	17
18	Housekeepers	32,587	34,778	252,131	7.25	18
19	Laundry	7,771	8,224	68,620	8.34	19
20	Administrator	2,000	2,152	67,607	31.42	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,559	10,959	127,421	11.63	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,515	2,899	33,963	11.72	31
32	Other Health Care(specify)					32
33	Other(specify) See Att Sch 20A	23,131	26,005	407,204	15.66	33
34	TOTAL (lines 1 - 33)	299,208	392,197	\$ 5,416,428 *	\$ 13.81	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	356	\$ 14,220	L. 1, C. 3	35
36	Medical Director	Monthly	25,000	L. 9, C. 3	36
37	Medical Records Consultant	44	2,420	L. 10, C. 3	37
38	Nurse Consultant	599	29,332	L. 10, C. 3	38
39	Pharmacist Consultant	Monthly	6,240	L. 10, C. 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	71	3,834	L. 11, C. 3	44
45	Social Service Consultant	43	2,292	L. 12, C. 3	45
46	Other(specify)				46
47	Quality Assurance	24	1,440	L. 10, C. 3	47
48					48
49	TOTAL (lines 35 - 48)	1,137	\$ 84,778		49

## C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	908	\$ 38,099	L. 10, C. 3	50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	908	\$ 38,099		53

SEE ACCOUNTANTS' COMPILATION REPORT



Butterfield Health Care, Inc.  
D/B/A Meadowbrook Manor  
Provider #00037366  
12/31/2003

Schedule 20A

XVIII. Staffing and Salary Costs  
Line 32-Other

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Day Care	697	750	7,610	10.15
Rehabilitation Nurse	1,611	1,836	36,998	20.15
Nursing Administration	10,165	12,174	185,223	15.21
Central Supply	2,489	2,609	39,403	15.10
Dialysis	3,940	3,980	93,464	23.48
Ward Clerks	4,229	4,656	44,506	9.56
<b>Total Line 32-Other</b>	<b>23,131</b>	<b>26,005</b>	<b>407,204</b>	<b>15.66</b>

See Accountants' Compilation Report

## XIX. SUPPORT SCHEDULES

A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount	Description	Amount		
Russell Terrill	Administrator	0	\$ 67,607	Workers' Compensation Insurance	\$ 171,325	IDPH License Fee	\$ 3,980				
				Unemployment Compensation Insurance	83,491	Advertising; Employee Recruitment	47,275				
				FICA Taxes	411,598	Health Care Worker Background Check (Indicate # of checks performed 200 )	2,000				
				Employee Health Insurance	137,409	Illinois Council on Long Term Care	10,430				
				Employee Meals		Miscellaneous Fees & Permits	2,744				
				Illinois Municipal Retirement Fund (IMRF)*		Inspections	1,125				
						Misc. Dues & Subscriptions	3,071				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 67,607	401k Contribution	12,343	Yellow Page Advertising	28,808				
B. Administrative - Other				Training and Education	3,454	Allocation from Management Co.	58				
				Other Employee Benefits	35,385	Less: Public Relations Expense	(				
						Non-allowable advertising	(				
Description			Amount			Yellow page advertising	(28,808)				
Management Fees (Eliminated in Column 7)			\$ 540,000								
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 855,005	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 70,683				
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 540,000	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**				
C. Professional Services				Description	Line #	Amount	Description	Amount			
Vendor/Payee	Type		Amount				Out-of-State Travel	\$			
			\$								
							In-State Travel				
See Schedule 21A			169,478	N/A							
							Seminar Expense				
							See Schedule 21B	3,650			
							Entertainment Expense	(			
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 169,478	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	\$ 3,650			

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

**\*\*See instructions.**

Butterfield Health Care, Inc. d/b/a Meadowbrook Manor  
 Provider # 00037366  
 December 31, 2004

**Schedule 21A**

**XIX. SUPPORT SCHEDULE**  
**C. Professional Services**

Vendor/Payee	Type	Amount
Freedman, Anselmo, Lindberg & Rappe	Collections	NA (207)
Wildman, Harrold Allen & Dixon	Legal	250
Schiff, Hardin & Waite	Legal	13,504
Seyfarth Shaw	Legal	5,084
Ariano, Hardy, Nyuli & Johnson	Legal	NA 12
Winston & Strawn	Legal	2,415
Myers, Miller & Krauskopf	Legal	7,413
Systematic Management Systems	Billing Consultant	20,608
Absolute Billing	Billing Consultant	5,700
Altschuler, Melvoin & Glasser LLP	Accountants	7,413
American Express Tax & Business Services	Accountants	1,240
Peterek & Howse LLP	Accountants	2,750
Rehab Management Systems	Billing Consultant	33,075
Richard Peelo & Associates	Billing Consultant	1,800
TALX	Unemployment Consultant	2,733
New England Financial	Employee Benefit Plan Administrator	2,502
Morton Cohen	Pharmacy Cost Consultant	35,686
Health Data Systems , Inc	Computer Services	11,198
Health Outcomes Management , Inc	Computer Services	6,216
Ivans	Computer Services	901
Precision Repair	Computer Services	4,965
Worldwide Wencel	Website Maintenance	3,750
CDW Computer Center	Computer Services	194
Paradigm Technology	Computer Services	150
Priority Computer Service	Computer Services	126
Total (agree to Schedule V, line 19, column 3)		169,478
Non-allowable legal expense		(2,968)
J&D Partners, L.P.		
American Express Tax & Business Services	Accountants	1,200
Altschuler, Melvoin & Glasser LLP	Accountants	13,670
Wildman, Harrold Allen & Dixon	Legal	161
Non-allowable Legal	Legal	
Allocation from Management Company:		
Wildman, Harrold Allen & Dixon	Legal	2,638
American Express Tax & Business Services	Accountants	1,008
New England Financial	401k Administrative Fees	
Paychex	Payroll Processing	1,592
Non-allowable Legal		(455)
Total (agree to Schedule V, line 19, column 8)		<u>186,324</u>

**See Accountants' Compilation Report**

Butterfield Health Care, Inc. d/b/a Meadowbrook Manor  
Provider # 00037366  
December 31, 2004

Schedule 21B

Month	Description	Amount	Location	Employee	Seminar Title
February-04	Illinois Council on LTC	\$95.00	Lincolnwood, IL	R. Terrill	New Enforcement of Subpart S
February-04	HCRRMS	\$100.00	Oak Brook, IL	R. Terrill	Regional Risk Seminar
February-04	HCRRMS	\$100.00	Oak Brook, IL	R. Tolentino	Regional Risk Seminar
February-04	Illinois Council on LTC	\$95.00	Lincolnwood, IL	R. Tolentino	New Enforcement of Subpart S
February-04	Illinois Council on LTC	\$95.00	Lincolnwood, IL	D. Sprinkle	New Enforcement of Subpart S
February-04	Illinois Council on LTC	\$95.00	Lincolnwood, IL	E. Mason	New Enforcement of Subpart S
March-04	Joliet Junior College	\$299.00	Joliet, IL	R. Terrill	Disney Keys to Excellence
April-04	HCRRMS	\$100.00	Oak Brook, IL	R. Ricana	Regional Risk Seminar
September-04	UIC School of Public Health	\$35.00	Glen Ellyn, IL	R. Terrill	Strategies for Safety and Success in LTC
September-04	UIC School of Public Health	\$35.00	Glen Ellyn, IL	D. Sprinkle	Strategies for Safety and Success in LTC
October-04	Illinois Council on LTC	\$125.00	Lincolnwood, IL	R. Terrill	Special Session for MDS and Care Plan Coordinators
October-04	Illinois Council on LTC	\$125.00	Lincolnwood, IL	D. Sprinkle	Special Session for MDS and Care Plan Coordinators
October-04	Illinois Council on LTC	\$125.00	Lincolnwood, IL	L. Templin	Special Session for MDS and Care Plan Coordinators
December-04	Illinois Council on LTC	\$95.00	Oak Lawn, IL	E. Mason	The New IDPH Alzheimer's Care Center Regulations
December-04	Life Services Network of Illinois	\$95.00	Lisle, IL	A. Johnson	Essentials of the MDS
December-04	Life Services Network of Illinois	\$95.00	Lisle, IL	C. Pape	Essentials of the MDS
December-04	Life Services Network of Illinois	\$95.00	Lisle, IL	C. Hagstrom	Essentials of the MDS
December-04	Illinois Council on LTC	\$95.00	Oak Lawn, IL	R. Terrill	The New IDPH Alzheimer's Care Center Regulations
Total - allowable travel & seminar		\$1,899.00			
<b>Allocation from Management Co.</b>					
February-04	Fred Pryor Seminars	\$132.00	Chicago, IL	Chris Vangel	How to Read and Understand Financial Statements
February-04	HCRRMS	\$53.00	Oak Brook, IL	D. Sprinkle	Risk Management
March-04	IL CPA Foundation	\$175.00	Oak Brook, IL	L. Templin	Long Term Care Conference
March-04	Lorman Education Services	\$148.00	Downers Grove, IL	L. Templin	Family Medical Leave Act and ADA in Illinois
March-04	Joliet Junior College	\$476.00	Joliet, IL	D. Sprinkle/C. Sedmidubsky/C. Vangel	Disney Keys to Excellence
May-04	Lorman Education Services	\$159.00	Downers Grove, IL	L. Templin	Document Retention and Destruction in Illinois
May-04	Lorman Education Services	\$159.00	Oak Brook Terrace, IL	L. Templin	Medicaid and Elder Law Issues in Illinois
June-04	Doctor's Assistance Corporation	\$211.00	Oak Lawn, IL	D. Chew/S. Chavez	Local Illinois Medicare Changes
August-04	Keep Pace	\$175.00	Chicago, IL	K. Gousset	Geriatric Balance and Fall
November-04	Lake County Health Department	\$40.00	Lincolnshire, IL	J. Wolcott	Cultivating Seeds for Change in LTC
December-04	Alzheimer's Association	\$23.00	Waukegan, IL	J. Wolcott	Embracing the Montessori Method for Persons w/ Dementia
Total Allocated from Management Company		\$1,751.00	See Accountants' Compilation Report		
Total Travel & Seminar		\$3,650.00			

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

(Continued from Page 1)													
1	2	3	4	5	6	7	8	9	10	11	12	13	
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	Painting & Decorating	06/01	\$ 11,754	3 Yrs	\$ 1,959	\$ 3,918	\$ 3,918	\$ 1,959	\$	\$	\$	\$	\$
2		02/02	16,248			2,708	5,416	5,416	2,708				
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
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16													
17													
18													
19													
20	TOTALS		\$ 28,002		\$ 1,959	\$ 6,626	\$ 9,334	\$ 7,375	\$ 2,708	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor

STATE OF ILLINOIS

# 0037366

Report Period Beginning:

01/01/04

Ending:

Page 23

12/31/04

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN, LPN, NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Council on Long Term Care \$10,430
- (3) Did the nursing home make political contributions or payments to a political organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 96,669 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 163,602  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions  
**See Attached Schedule 23A**
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit: on Schedule V. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,404
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? \_\_\_\_\_  
d. Have vehicle usage logs been maintained? Adequate records have been maintained.  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

Butterfield Health Care, Inc.  
D/B/A Meadowbrook Manor  
Provider #00037366  
12/31/2004

**Schedule 23A**

Description	Amount	Line	Basis for Allocation
Day Care Wages	7,610	43	Actual
FICA Expense	581	22	Payroll
Federal U/C Tax	21	22	Payroll
State U/C Tax	509	22	Payroll
Food	756	2	[Total Food Costs/(3*Census)]*Daycare Cens
Gas	1,006	5	Sq Ftg
Electricity	1,250	5	Sq Ftg
<b>Total</b>	<u>11,733</u>		

**See Accountants' Compilation Report**

SUS





	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	0	0
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	0	0
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	0	0
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	0
14. Buildings, at Historical Cost	0	0
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	0	0
17. Accumulated Depreciation (book methods)	0	0
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	0	0
25. Total Assets	0	0
CURRENT LIABILITIES		
26. Accounts Payable	0	0
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	0	0
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	0	0
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	0	0
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	0
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	0	0
46.Total Liabilities	0	0
47.Total Equity	0	0
48.Total Liabilities and Equity	0	0

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	0
2. Discounts and Allowances for all Levels	0
Subtotal - Inpatient Care	0
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	0
7. Oxygen	0
Subtotal - Ancillary Revenue	0
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	0
21. Other Medical Services	0
22. Laundry	0
Subtotal - Other Operating Revenue	0
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	0
27. Other Revenue (specify):	0
28. Other Revenue (specify):	0
Subtotal - Other Revenue	0
30. Total Revenue	0
31. General Services	0
32. Health Care	0
33. General Administration	0
34. Ownership	0
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	0
41. Income Before Income Taxes	0
42. Income Taxes	0
43. Net Income or Loss for the Year	0

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